

ORIGINAL RED

Resident's Name: Ex. 6 - Personal Privacy Home Phone Ex. 6 - Personal Privacy | Cell Phone: Address: Ex. 6 - Personal Privacy Email address: Owner Information (If Different): Number of Household Residents/Age Groups: Infants (Under Age 1)_____ Toddlers (Age 1-6) Children (Age 7-12) Adolescents (Age 13-18) Seniors (Age 66+) 2 Adults (Age 18-65) Do you have a water treatment system? If so, please identify the components of the system (if any): ___ Mo Well Information: Well Depth: 4/20' Well Age: 4 30yrs out Drilled Type: Dug Driller log of the well installation (these are the detailed notes that the driller takes during the installation): Name of Driller/Service Company (If Known): BAVANOUGH PRICLERS 2/201 Total depth of well: Depth of surface casing: Cement on Surface casing: Yes No Length/Depth of Screen (the screened interval of the well): Depth of pump in relation to total depth of the well: 2/00' Have you had your well water tested for contamination in the past? $\underline{\sqrt{\mathcal{E}^{3}}}$ CABOT TESTED 4 TIMES If so, and you would be willing to share your results with the EPA, what contaminants have been found in your well historically? VES -CAPOT ALSO SHOULD HAUS ALL PUSULT



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Recent or past changes in water quality (taste, odor, appearance):	
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Do you	currently use your well water for drinking? Yes No
	Cooking? Yes No Bathing Yes No
	Other household uses? WASHING, ETC.
If you d	o not use your well water, what water source do you use?
Have yo	ou been provided an alternate source of water for drinking/cooking? Yes No
	Other uses? Yes No When did this occur?
	If so, who provides/provided the alternate water?
	Is there an agreement with the provider?
What ev	vent/condition prompted the use of alternate water?
	When did this occur?
Lease v	rith gas company: Yes No
	If so, what is the status of lease:
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Is there	any additional information you would like to provide to us:
A	and the second second
- 6	ABOT HAS BEEN VERY RESPONSIVE

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